And Then...
... Public Health

A HISTORY OF HEALTH IN DENVER



BUREAU OF HEALTH AND HOSPITALS

West 6th Ave. and Cherokee Sts. DENVER, COLORADO

PREFACE TWENTY UNCERTAIN YEARS

1927—Code Revision voted to 1916 charter. No qualifications specified for manager of Health and Charities.

The foundation was laid for 20 years during which lay persons of varying interest and ability directed service including Denver General Hospital, the Denver Farm, and garbage collection.

1927—The newly formed Denver Public Health Council conducted a survey and suggested "Reorganize the Health Activities in Denver, Colorado."

The first failure by a group of interested citizens.

1939—Denver Public Health Council attempted to get α merit system established in the Department of Health and Charity.

This effort failed!

1943—A citizens' group with the assistance of the United States Public Health Service requested organized health services.

And this effort failed!

1946—Dr. Carl Buck and Dr. Florence Sabin spearhead drive for statewide health program.

The State adopted a program. But Denver as a "home rule" city, remained aloof.

1947—The Buck report on Colorado's Health was presented to the annual meeting of the Unity Council. The local press took the torch, and backed by other interested individuals and groups succeeded in persuading the administration to get Dr. Edward McGavran to make a local survey similar to Dr. Buck's state survey.

Public interest in public health measures was beginning to be felt.

1947—The newly elected mayor had pledged his administration to implementing the 30 page "McGavran Report", which charged—

"It might be truthfully said that Denver does not have a health department—"

and of Denver General Hospital -

"In an organization sense it may be said that the hospital does not exist."

AND SO A HEALTH DEPARTMENT WAS BORN.

TWENTY UNCERTAIN YEARS

HEADLINES TELL THE STORY OF THE FOLLOWING YEAR

June 1, 1947—City Administration Changes.

Tune 2, 1947—Dr. S. S. Kauvar Agrees to Become Manager of Health and Charity for 6 months.

June 5, 1947—Dr. Lloyd Florio Accepts Temporary Appointment as Health Officer.

This team, one surrendering a lucrative practice and the other α college position—took over the job of "complete reorganization of Denver's public health facilities".

August 20, 1947—Lewis Dodson Named Director of Sanitation.

Headlines proclaimed "Rats Overrunning City".

August 27, 1947—Dr. Angelo Lapi Named Medical Examiner.

September 1, 1947—Dr. Ward Chadwick Becomes Director of Communicable Disease Control.

September 17, 1947—Miss Evelyn Rahm Loaned by U.S.P.H.S. To Direct Health Education.

October 1, 1947—Dr. James P. Dixon Appointed Medical Director of Denver General Hospital.

December 9, 1947—Dr. Ruth J. Raattama Named Director of Maternal and Child Health.

Newspaper stories stressed rat control and food handlers courses; but of more importance was that during this six month period—

- A contract had been made with the Colorado University Medical School, making Denver General a teaching facility.
- 2. A non-political board of health had been appointed.
- 3. A medical examiner system had replaced the antiquated coroner system.
- 4. Staff was rapidly being assembled to make a real health department.

December 23, 1947—Dr. Florence Sabin Replaces Dr. Kauvar As Manager of Health and Charity.

Dr. Sabin, a native Coloradoan, retired from an outstanding medical career—took the helm. Dr. Kauvar, having given six months of excellent leadership during a critical period, returned to his practice.

April 1, 1948—Appointments announced include—Dr. R. M. Sorenson, Director of Venereal Disease Control; Dr. David Reisner, Director of Tuberculosis Control; and Mary Emberton, Director of Public Health Nursing.

Headlines in March indicated great concern over substandard milk! Rat poisoning was going full blast—and so were food handlers courses at Opportunity School.

But most important was the amalgamation of the 59 year old Visiting Nurse Association with the health department nursing staff.

Dr. Naylor wrote an editorial on the possibility of a rabies epidemic, and the kids at Teller School complained that the dog catcher was taking his work too seriously.

May 6, 1948—Merged Health and Hospital Services to be headed by Dr. James P. Dixon announced.

SO THE FIRST YEAR SAW

- (1) Order come to Denver General Hospital.
- (2) The creation of a public health department containing all basic public health services.
- (3) The combining of health and hospital services to better meet the total health needs of the community.

A YEAR OF HEADLINES

A YEAR OF SERVICE

The year 1949 found Denver Bureau of Health and Hospitals affiliated with Colorado University School of Medicine, and working with the community's physicians in seeing that every person in Denver received medical care, and was protected from health hazards. This year also saw adequate housing furnished for the preventive health services.

THE PROGRAM FOR 1949 INCLUDED:

*Medical Care For The Indigent—supplemented by staff assistance from Denver's practicing physicians valued at \$500,000. *Preventive Health Services—aided by lay assistance valued at \$60,000, and professional help at \$75,000.
*Education of Health Personnel—This program was carried out

in cooperation with the University of Colorado, Rocky Mountain Training Center and Opportunity School.

MEDICAL CARE INCLUDED:

At Denver General Hospital

*140,477 days care to 8,914 patients

- 28,121 patients given emergency care
- 36,049 out-patients treated

3,697 surgical operations

At Denver Farm

* 38,537 days care to 170 chronically ill

Field Nursing

* 13,790 nursing visits to 1,616 ill persons

Quality of service is hard to describe—but no longer was Denver General Hospital described "as the last step before the morgue". Affiliation with the medical school along with the necessary higher standards; and having the best physicians in town as a volunteer staff, made a great difference in medical

PREVENTIVE SERVICES INCLUDED:

Well Child Service

- * 5,062 children cared for in 23 stations
- *11,258 infant nursing visits
- * 9,877 pre-school nursing visits
- *13,241 parochial school child inspections
- * 1,578 parochial school child physical exams * 8,749 parochial school child dental exams

Mother's Assistance

- 4,529 pre-natal field visits
- 4,306 post-natal field visits

Communicable Disease Control

- 1,077 nursing visits
- 2,832 Tuberculosis nursing visits
- 801 V. D. nursing visits
- 1,949 persons immunized against smallpox
- 2,561 persons immunized against diphtheria
- 1,450 persons immunized against whooping cough
- 1,348 persons immunized against tetanus 733 persons immunized against typhoid
- *233,994 persons given small chest x-rays

Sanitation

General

- 8,005 complaint inspections
- 1,544 rat and rodent surveys
- 117 mosquito and insect surveys
- 1,055 water samples tested

- 1,842 plant inspections and surveys 4,603 farm surveys
- 2,986 attendance at 76 farm meetings
- 27,863 milk samples tested 698 ice cream samples tested

Food

- * 11,772 inspections of establishments
- 927 food handlers trained 214 food and meat samples tested

*163,890 animals inspected

Notable accomplishments in preventive services included:

- 1. The first x-ray survey in the United States to include complete diagnosis. Follow-up for ultimate medical care was immediately instituted.
- A continuous rat proofing and eradication program.
- Twenty three well baby stations furnishing well child supervision for over 5,000 children.
- 4. A milk control program that raised the rating from 62% in 1947 to 88% in 1949.
- 5. A food control program that raised restaurant ratings from 49% in 1947 to 74% in 1949.

EDUCATION FACILITIES WERE PROVIDED FOR:

- Training of:
 * 16 medical interns
- *125 medical residents
- *127 medical students
- * 45 nurses 6 x-ray technicians
- Field experience for:
- 55 in public health nursing
- * 46 in sanitation
- 20 in laboratory technology
 10 in physical and occupational therapy
- 4 in public health education
- l in hospital administration
- l in medical social service

Community health is dependent upon adequate health personnel. The private physicians, nurses, and other specialists, along with private hospitals, are responsible for the larger part of the community's medical care. The Bureau of Health and Hospitals feels that providing training facilities (1) helps the community to obtain more health personnel, and (2) enables the medically indigent to get better medical care, because of the additional resources available in a training facility.

A YEAR OF SERVICE

AND WHAT NEXT?...

The Bureau of Health and Hospitals is proud of the Good Government Award from the National Junior Chamber of Commerce for: "sanitation improvement; leadership in the recent x-ray survey; enforcement of communicable disease laws; increased effectiveness of Visiting Nurses and Maternal and Child Health programs; and improved management of Denver General Hospital", but feel that fullfilling the obligation for still better community health means—

- —seeing that every cent of your tax money is used with wisdom and care in providing as much good health service as possible
- —continuing to work with Denver's physicians to improve Denver's health
- —encouraging teamwork of all agencies involved in child care
- —emphasizing care of people rather than merely curing disease.

This calls for

- *Better out-patient services
- *More mental health services
- *Encouraging more good convalescent homes, day care centers, and boarding homes
- *Taking services to the people through branch offices
- *More visiting nurses
- *Replacing obsolete portions of hospital buildings

*Improved facilities for the health of mothers and children.

Some of these cost money—others depend upon administrative ability and cooperative effort.

The Bureau of Health and Hospitals pledges itself to provide the best service possible with the resources available.

But remember-

Denver's Health Depends On Your Support! Your Health Is In Your Hands!

DENVER BUREAU OF HEALTH AND HOSPITALS

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